



**NORTHERN REGIONAL MEDICAL COMMAND  
INSPECTOR GENERAL**

**Special Inspection of Facilities Used to House WTU  
Soldiers**

**14 April 2014 – 12 June 2014**



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
**HEADQUARTERS, NORTHERN REGIONAL MEDICAL COMMAND**  
**9275 DOERR ROAD, BUILDING 1221**  
**FORT BELVOIR, VIRGINIA 22060-2204**

MCAT-CG

MEMORANDUM FOR The Surgeon General/Commanding General, U.S. Army Medical Command

SUBJECT: Inspection of Facilities Used to House Warriors in Transition (FY14)

1. I approve the findings and recommendations in the enclosed Inspector General report on the "Inspection of Facilities Used to House Warriors in Transition for FY14."
2. Upon receipt of Department of the Army Inspector General and The Surgeon General/Commanding General USA MEDCOM concurrence, I authorize its immediate release to the organizations listed below and on the Northern Regional Medical Command's internet web pages.

Encls  
as

CF: (w/encls)  
Congressional Defense Committees  
Assistant Secretary of Defense for Health Affairs  
Department of Defense Agencies  
Secretary of the Army  
Installation Management Command  
MEDCOM/OTSG OneStaff



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
**HEADQUARTERS, NORTHERN REGIONAL MEDICAL COMMAND**  
**9275 DOERR ROAD, BUILDING 1221**  
**FORT BELVOIR, VIRGINIA 22060-2204**

MCAT-IG

MEMORANDUM FOR Commander, Northern Regional Medical Command (NRMC)

SUBJECT: Final Report on the Special Inspection of Facilities Used to House Warriors in Transition (FY14)

1. Purpose. To obtain the NRMC Commander's signature on the enclosed Special Inspection of Facilities Used to House Warriors in Transition
2. Discussion. On 1 November 2013, the Northern Regional Medical Command (NRMC) Commander directed the "Special Inspection of Facilities Used to House Soldiers Assigned to Warrior Transition Units." (Appendix 1).
3. The inspection teams identified 10 findings and made recommendations for corrective actions related to three objectives.
4. Summary of findings: The inspection teams determined that housing for the WTU Soldiers met Assignment Standards and Special Medical Requirements IAW Deputy Secretary of Defense (DEPSECDEF) guidance. The inspection teams also determined that housing for WTU Soldiers did not meet the Baseline Standards due to units not fully incorporating the DEPSECDEF guidance in unit level barracks inspections.
5. Recommendation.
  - a. Approve the final report.
  - b. Authorize its immediate release to The Surgeon General/Commander, USA MEDCOM.

Encl  
as

[REDACTED]

SECRET  
NO FORN DISSEM  
NO UNCLASSIFIED DISSEM

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



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## Executive Summary

1. **Background.** On 18 September 2007, the Deputy Secretary of Defense (DEPSECDEF) promulgated standards for facilities housing Warrior Transition Unit (WTU) Soldiers who are receiving outpatient medical care. These standards focused in the areas of Assignment, Baseline Standards, and Special Medical Requirements. On 28 January 2008, Public Law 110-181, Sec 1662 was enacted requiring Regional Medical Command (RMC) Inspectors General (IGs) to conduct semi-annual inspections of all WTU Soldiers' housing semi-annually for the first two years and annually thereafter; to submit a report on each facility inspected to the post commander, the Secretary of the military department concerned, the Assistant Secretary of Defense for Health Affairs, and the Congressional Defense Committees; and to post the final inspection report on their respective internet websites. To facilitate the conduct of the inspections, on 3 July 2008, Headquarters, Department of the Army, issued guidance via ALARACT 162/2008 to all Army activities. This message directed US Army Medical Command (MEDCOM) RMC IGs, in coordination with Installation Management Command (IMCOM), to oversee the inspection effort. It also provided RMC IGs authorization to task staff members and IGs assigned to Senior Commanders and IMCOM as well as "unlimited access to Army activities, organizations, and all information sources necessary to complete the inspection." On 29 October 2013, the Commanding General, USA MEDCOM directed Commanders of Regional Medical Commands to issue a directive to their IGs to conduct the special inspection of facilities used to house Soldiers assigned to WTUs. On 1 November 2013, the Northern Regional Medical Command (NRMC) Commander issued the directive to the Command Inspector General to conduct the inspection of facilities used to house Soldiers assigned to WTUs. On 1 December 2011, the terminology "Warriors in Transition" (WTs) was rescinded by the Army and replaced with the term "Soldiers." A Soldier in Transition (ST) was the common terminology used to address Soldiers in this program.

2. **Purpose.** The purpose of the inspection was to evaluate the adequacy of facilities used to house Soldiers assigned to WTUs.

3. **Concept.** That the NRMC IG, leading a team of Senior Command Inspectors General and augmented with Subject-Matter-Experts, conduct the inspection of the Warrior in Transition facilities located at installations within the NRMC region.

#### 4. Objectives.

a. Assess WTU Soldiers' housing for compliance with Assignment Standards as outlined in memorandum, DEPSECDEF, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

b. Assess WTU Soldiers' housing for compliance with Baseline Standards as outlined in Memorandum, DEPSECDEF, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

c. Assess WTU Soldiers' housing for compliance with Special Medical Requirements as

[REDACTED]

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outlined in Memorandum, DEPSECDEF, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

5. **Special Interest Item.** Identify special accommodations and services provided to WTU Soldiers to address the range of cognitive limitations that result from Traumatic Brain Injury, Post Traumatic Stress Disorder and stroke.

6. **Summary of Findings and Recommendations.**

a. All findings stated in Chapter 3 below were based on the guidance as written in the DEPSECDEF Memorandum. Additional standards were included as appropriate. Findings regarding electrical or life and fire safety were immediately reported to the respective WTU leadership and/or the appropriate installation agencies for corrective action.

b. Overall, the inspection teams determined that Soldiers assigned to the WTUs were placed in housing facilities that best meet their needs. **Most** Soldiers were satisfied with the daily operations within their WTUs. As well, the Soldiers were also satisfied with their respective installations' support in addressing their privatized housing concerns. Additionally, local IMCOM, Directorates of Public Works (DPW), in coordination with the privatized housing agencies, consistently responded to Soldiers with housing issues through prompt resolution of service requests (work orders). **All** Soldiers were given the appropriate priority level for service requests in accordance with (IAW) the housing inspection standards. The inspection teams found that throughout the region, this priority service did not negatively impact the Installations' abilities to resolve work order requests for the balance of their populations. **All** barracks and housing maintenance teams at each installation were competent and efficient in resolving issues once identified.

c. The inspection teams inspected 1929 areas which were comprised of living spaces, laundry rooms, utility rooms, mechanical rooms, multi-purpose rooms, and storage rooms. The inspection also included inspection of the exterior of the facilities and the grounds surrounding those facilities. Minor deficiencies identified during the inspection were usually corrected on the spot or within 24 hours of submission of a work order. In some cases, deficiencies were corrected prior to the conclusion of the inspection at a location.

d. According to statistical data provided by the NRMC Warrior Transition Office (WTO), the region had an average ST population of 1098 Soldiers during the period of the inspection. The teams utilized observations as a primary information-gathering method. The team also conducted document reviews and interviewed approximately 20% of the Command's WTU population. The interviews also included Family Members, Non-Medical Attendants, and WTU cadre that were present during the inspection. Overall, the leadership in each unit demonstrated an understanding of the standards, policies, and guidelines which applied to the WTU program. **All** of the Soldiers interviewed commented that their medical needs were being addressed appropriately and felt they received quality medical care.

e. In summary, the inspection resulted in the following findings for the objectives:

[REDACTED]

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(1) 6 out of 6 inspected units were in compliance with Assignment Standard IAW DEPSECDEF guidance.

(2) 0 out of 6 units were in compliance with Baseline Standards IAW DEPSECDEF guidance.

(3) 6 out of 6 units were in compliance with Special Medical Requirements IAW DEPSECDEF guidance.

f. The inspection teams made recommendations on all findings to the respective WTU leadership and the Senior Installation Commanders, or their representatives, in an effort to assign responsibilities to correct deficiencies identified during the inspection.

g. The Special Interest Item shown in paragraph 5 was not accomplished at the Regional IG level.



[REDACTED]

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## Chapter 1 Objectives and Methodology

### 1. **Objectives** (Reference Appendix 1 – Special Inspection Directive).

- a. Assess if facilities used to house Soldiers assigned to the WTUs meet the standards for Assignment, IAW Memorandum, DEPSECDEF, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
- b. Assess if facilities used to house Soldiers assigned to the WTUs meet the standards for Baseline Standards, IAW Memorandum, DEPSECDEF, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
- c. Assess if facilities used to house Soldiers assigned to the WTUs meet the standards for Special Medical Requirements, IAW Memorandum, DEPSECDEF, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

2. **Special Interest Item.** Identify special accommodations and services provided to WTU Soldiers to address the range of cognitive limitations that result from Traumatic Brain Injury, Post Traumatic Stress Disorder and stroke.

3. **Inspection Team.** The inspection teams consisted of: 1) IG Team Leader, 2) Installation IG Coordinator, 3) DPW Subject-Matter-Expert (SME), 4) Installation Safety SME; 5) privatized housing representative; 6) Medical personnel and/or Nurse Case Managers, 7) Fire Department SME, and 8) WTU leadership/escorts. With the exception of the privatized housing representatives and the WTU leadership escorts, all team members were sworn in as Temporary Assistant Inspectors General.

### 4. **Methodology.**

a. **Inspection.** The inspection teams inspected the following types of Warrior in Transition occupied facilities: DoD Owned Unaccompanied Personnel Housing (UPH) and Privatized Housing. All family housing on the inspected installations was managed by a privatized housing partner. An assessment of Privatized Family Housing was conducted only with the consent of the occupant and in coordination with the privatized housing management partner. The DEPSECDEF memorandum also included the following types of housing: DoD-owned family housing, lodging owned by DoD, and leased/contracted housing and lodging. There were no STs assigned to these housing types during the inspection.

b. **Document Review.** The inspection teams reviewed the following documents as part of the inspections process: 1) Work Order requests, 2) WTU policy memorandums and Standard Operating Procedures (SOPs), 3) guidance specific to WTUs, 4) Installation/local policies and SOPs, 5) Permission Statements to inspect privatized housing, 6) WTU/Privatized Housing Data Sheets, and 7) Corrective Actions Plans.

[REDACTED]

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c. **Interviews.** The inspection teams conducted interviews with Soldiers, Family Members, and WTU cadre that were present during the inspection. The interviews captured relevant conditions of the housing facilities and the overall medical concerns of the Soldiers.

**5. Locations Visited:**

- a. Fort Belvoir, VA
- b. Fort Bragg, NC
- c. Fort Drum, NY
- d. Fort Eustis, VA
- e. Fort Knox, KY
- f. Fort Meade, MD

**6. Findings Format.**

a. Where a violation of a published standard, policy, law or regulation existed, a Finding Statement was developed and addressed in the following format:

Finding statement  
Standard(s)  
Root Cause  
Discussion  
Recommendation

b. Where there was no violation of a published standard, policy, law, or regulation, but an observation was made to improve current operations, the observations were provided to the Platoon Sergeant escorts for immediate feedback to the respective WTU Commanders.

7. In the report, the quantitative terms, "few, some, majority, most and all" are used to describe percentile ranges of quarters/barracks rooms inspected linked to specific findings or observations. These terms are defined as follows:

|          |         |
|----------|---------|
| Few      | 1-25%   |
| Some     | 26-50%  |
| Majority | 51-75%  |
| Most     | 76-99 % |
| All      | 100%    |

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## **Chapter 2**

### **Good News**

1. At Fort Meade, Soldiers expressed their appreciation about the proactive approach the Barracks Operations staff had with addressing work orders. In most cases, work orders were submitted, tracked and completed in one day.
2. At Fort Knox, Soldiers were complimentary of the Supply Technician (S4) for his prompt responsiveness to their needs.
3. At Fort Eustis, Soldiers were very complimentary of the Supply Technician for his responsiveness to all barrack maintenance requests. Soldiers were also pleased with the new facility and its proximity to the MTF.
4. At Fort Bragg, Soldiers and spouses were very complimentary of the privatized housing maintenance teams for their prompt responsiveness to their needs.
5. At Fort Belvoir, Soldiers were very complimentary of the DPW and the privatized housing maintenance teams for their prompt responsiveness to their needs.

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## Chapter 3 Findings

**NOTE:** All findings stated below were determined based on the DEPSECDEF Memorandum as the primary source document. Additional standards were included as appropriate. These findings were reported to the respective WTU leadership and/or the appropriate installation agencies for corrective action.

**Objective 1:** Assess WTU Soldiers' housing for compliance with Assignment Standards as outlined in Memorandum, DEPSECDEF, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

**Note:** There were no findings in UPH or Privatized Housing for this objective. WTU Soldiers' housing was in compliance with Assignment Standards as written in the DEPSECDEF memorandum.

**Objective 2:** Assess WTU Soldiers' housing for compliance with Baseline Standards as outlined in Memorandum, DEPSECDEF, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

The primary standard for objective 2 was Memorandum, DEPSECDEF, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

**UPH findings are identified below:**

**Finding 2.1: Bathrooms:** At all locations, deficiencies were found in the bathrooms.

**Discussion:** The inspection teams found missing exhaust fan covers, bent shower rods, leaky shower heads, toilets with inoperable flush valves, toilets not properly anchored to the floor, loose shower gaskets, faulty light sensors, and missing caulking and grouting in shower areas.

**Finding 2.2: Overall Condition:** At the majority of locations, deficiencies were found in the overall condition of the facilities.

**Discussion:** The inspection teams found bent or dirty escutcheon plates, loose smoke gaskets, loose circuit breaker panel, exposed ground cable, missing window stops, damaged walls, missing light bulbs (hallways and rooms), missing peep holes, bowed countertops, improperly adjusted water fountains, discolored water, expired elevator inspection certificates, stairwell and room doors with illegible fire rating labels, and hot water temperature delay.

**Finding 2.3: Kitchens:** At some locations, deficiencies were found in the kitchens.

**Discussion:** The inspection teams found cracked refrigerators seals, inoperable garbage disposals, and range hoods with inoperable lights and fans.

[REDACTED]

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**Finding 2.4: Laundry facilities:** At the majority of locations, deficiencies were found in the laundry facilities.

**Discussion:** The inspection teams found missing floor tiles, inoperable entry doors, inoperable washers and dryers (disconnected or improperly attached dryer vent hoses, rubber seals cracked, broken detergent drawers).

**Root Cause for Findings 2.1 to 2.4:** Don't Know. The WTB leadership at the locations did not conduct the same level of inspection as the IG. While the units conduct barracks inspections, they did not incorporate the DEPSECDEF memorandum checklist in their routine inspections. In some cases, the deficiencies were not reported by the STs. Turnover of leadership and cadre was also a contributing factor to the findings.

**Recommendation for Findings 2.1 to 2.4:** The WTB leadership at all locations incorporate the use of the DEPSECDEF memorandum checklist as part of their routine inspections.

**Finding 2.5: Handicap Parking:** At a few locations, deficiencies were found in the handicap parking area.

**Standards:** Memorandum, DEPSECDEF, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7. 28 Code of Federal Regulations (CFR), Part 36, paragraph 6.6.6.

**Discussion:** The inspection team found handicap parking spaces that lacked sufficient access aisles for the number of handicap spaces.

**Root Cause:** Don't Know. The WTU leadership at the locations did not conduct the same level of inspection as the IG. While the units conduct barracks inspections, they did not incorporate the DEPSECDEF memorandum checklist in their routine inspections. Additionally, the leadership was not aware of the applicable standard as published in 28 CFR.

**Recommendations:** The WTU leadership incorporates the use of the DEPSECDEF memo checklist as part of their routine inspections. The WTU leadership also coordinate with their local DPWs to ensure sufficient access aisles are IAW 28 CFR, Part 36, paragraph 6.6.6.

**Finding 2.6: Mechanical and Communication Rooms:** At the majority of locations, deficiencies were found in the mechanical and communications rooms.

**Standard:** Memorandum, DEPSECDEF, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

[REDACTED]

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**Discussion:** The inspection teams found inoperable doors and lights, damaged walls; missing fire stop caulking between floors; areas improperly used for storage, mold stains from condensation leaks; detached motor fan cover; fire extinguishers with expired certification dates; and a missing HVAC control cover.

**Root Cause:** Can't Comply. The WTB leadership did not have control or access to these areas. The keys to these areas were maintained by the local DPWs or fire departments.

**Recommendation:** The WTB leadership coordinate with their local DPWs and fire departments for access to the rooms in order to conduct routine inspections of these areas as part of their inspection process.

**Finding 2.7: Grounds Maintenance:** At a few locations, deficiencies were found with ground maintenance.

**Standard:** Memorandum, DEPSECDEF, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

**Discussion:** The inspection teams found grounds that were not well maintained (grass required cutting).

**Root Cause:** Can't Comply. Grounds maintenance was accomplished through a contract. The WTB leadership did not have control over the resources for these areas.

**Recommendation:** The WTB leadership work closely with their Contracting Officer Representative in addressing these issues and report problems of resolution through the appropriate chains of command.

**Privatized Housing findings are identified below:**

**Finding 2.8: Sidewalk:** At a location, a Privatized Housing unit had an uneven sidewalk.

**Standard:** Memorandum, DEPSECDEF, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

**Discussion:** The inspection teams found a Privatized Housing unit with an uneven sidewalk that presented a tripping hazard and safety concern for the Soldier, Family members and neighbors.

**Root Cause:** Don't Know. The WTB leadership was not aware of the finding because the leadership did not conduct inspections in Privatized Housing.

[REDACTED]

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**Recommendations:** The WTB leadership work with their Privatized Housing partners in order to correct the findings. The WTB leadership conduct proper coordination with their housing partners to conduct inspections IAW with the DEPSECDEF memorandum.

**Finding 2.9: HVAC:** At a location, a Privatized Housing unit had deficiencies with the HVAC system.

**Standard:** Memorandum, DEPSECDEF, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

**Discussion:** The inspection team found the HVAC system in a Privatized Housing unit leaked into the adjoining laundry room wall and provided inadequate airflow in the master bedroom.

**Root Cause:** Don't Know. The WTB leadership was not aware of the finding because the leadership did not conduct inspections in Privatized Housing.

**Recommendations:** The WTB leadership work with their housing partners in order to correct the findings. The WTB leadership conduct proper coordination with their housing partners to conduct inspections IAW with the DEPSECDEF memorandum.

**Finding 2.10: Building Operating Systems:** At a few locations, Privatized Housing units had deficiencies with the building operating systems.

**Standard:** Memorandum, DEPSECDEF, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

**Discussion:** The inspection teams found Privatized Housing units at a few locations with the following deficiencies: an inoperable microwave oven; an inoperable kitchen light and doorbell; missing front door sweeps; an inoperable smoke detector in a kitchen; a broken latch on a window in the bedroom; a damaged air vent in the living room; screen doors that required adjustments; trees that required trimming and gutters that required cleaning; and one unit required the hot water heater to be replaced.

**Root Cause:** Don't Know. The WTB leadership was not aware of the finding because the leadership did not conduct inspections in Privatized Housing.

**Recommendations:** The WTB leadership work with their housing partners in order to correct the findings. The WTB leadership conduct proper coordination with their housing partners to conduct inspections IAW with DEPSECDEF memorandum.

**Objective 3:** Assess compliance with the requirements to provide Special Medical Requirements to WTU Soldiers with functional limitations as outlined in Memorandum, DEPSECDEF, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

[REDACTED]

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**Note:** There were no findings in UPH or Privatized Housing for this objective. WTU Soldiers' were housed in compliance with Special Medical Requirements as written in the DEPSECDEF memorandum.

**Special Interest Item:** Identify special accommodations and services provided to WTU Soldiers to address the range of cognitive limitations that result from Traumatic Brain Injury, Post Traumatic Stress Disorder, and stroke.

**Note:** The inspection teams did not conduct an assessment for this SII.



**Appendix 1  
Directive**



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY  
HEADQUARTERS, NORTHERN REGIONAL MEDICAL COMMAND  
9275 DOERR ROAD  
FORT BELVOIR, VIRGINIA 22060-2204**

**NOV 01 2013**

**MCAT-IG**

**MEMORANDUM FOR Northern Regional Medical Command Inspector General**

**SUBJECT: Directive for the Inspection of Facilities Used to House Soldiers Assigned to Warrior Transition Units (WTU)**

1. You are directed to conduct a special inspection of the facilities used to house Soldiers assigned to WTUs in the Northern Regional Medical Command's area of responsibility. This inspection will conclude not later than 1 August 2014.
2. The objective is to determine if facilities used to house these Soldiers are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
3. The NRMC IG Team, in coordination with Installation Management Command (IMCOM), is authorized to task installation staff members, Inspectors General (IG) assigned to Senior Commanders and IMCOM, and is to have unlimited access to Army Activities, organizations, and all information sources to ensure the successful and timely completion of this inspection requirement.
4. You will provide me with a mid-point progress review on or about 8 April 2014, followed by a written report not later than 10 September 2014.
5. Point of contact is

**3 Encls**

1. MEDCOM Directive
2. Public Law 110-181, 28 Jan 08
3. ALARACT 162/2008, 3 Jul 08

**Appendix 2**  
**Detailed Standards List**

DEPUTY SECRETARY OF DEFENSE  
101 0 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1010

SEP 18 2007

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS  
UNDER SECRETARY OF DEFENSE FOR PERSONNEL  
AND READINESS  
UNDER SECRETARY OF DEFENSE FOR  
ACQUISITION, TECHNOLOGY AND LOGISTICS  
ASSISTANT SECRETARY OF DEFENSE FOR HEALTH  
AFFAIRS

SUBJECT: DoD Housing Inspection Standards for Medical Hold and Holdover  
Personnel

The Wounded, Ill and Injured Senior Oversight Committee (WII-SOC), a joint  
DoD/DVA committee, met and approved the following policy changes on August 28,  
2007.

Effective immediately, the Military Services will provide housing for medical hold and  
holdover personnel in accordance with the attached standards. These standards  
address baseline accommodations and special features and services that may be  
required depending on a member's medical condition and treatment plan. The  
Secretaries of the Military Departments are directed to use these standards for  
conducting the inspections required by section 3307 of the U.S. Troop Readiness,  
Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007  
(Public Law 110-28), and to report inspection findings to the Under Secretary of  
Defense for Personnel and Readiness not later than October 31, 2007. Timely  
implementation of these standards is a top Department priority.

Attachment:

As stated

HOUSING INSPECTION STANDARDS FOR MEDICAL HOLD AND HOLDOVER  
PERSONNEL

**1. PURPOSE**

These standards shall be used as a basis for evaluating the adequacy of facilities that  
house medical hold and holdover personnel.

**2. GENERAL**

In general, medical hold and holdover personnel receiving outpatient medical treatment  
(hereafter referred to as MH personnel or MH members) shall be assigned or referred to  
housing that exceeds or meets the applicable quality standards and is appropriate for

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their medical condition, expected duration of treatment, dependency status (including authorization of a non-medical attendant), and pay grade. The particular housing and associated amenities/services provided shall be an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Note that some MH personnel with serious medical conditions are authorized non-medical attendants at the discretion of their primary care physician to assist in their recovery and rehabilitation. Non-medical attendants can include the member's parent, guardian, or another adult (18 or over).

### **3. APPLICABILITY**

These standards address baseline accommodations, and any special medically needed facility features and services. Standards and guidance are also provided for associated furnishings, amenities, operations/services, and maintenance that are critical to well-being and morale. These standards apply to the following types of housing when occupied by MH personnel:

- DoD-owned family housing (FH).
- DoD-owned unaccompanied personnel housing (UPH).
- Lodging owned by DoD, whether supported by appropriated funds or a non-appropriated funded instrumentality (NAFI). Lodging types include temporary duty (TDY) lodging, permanent change of station (PCS) lodging, recreational lodging, and military treatment facilities (MTF) lodging, e.g., Fisher Houses.
- Leased/contracted housing and lodging, to the maximum extent permitted by the associated agreement.
- Privatized housing and lodging, to the maximum extent permitted by the associated agreement.

Note these standards do not apply to a service member's privately-owned home, or a rented home in the community (not privatized) that a service member obtains on his or her own.

### **4. PRIORITY FOR SERIOUS MEDICAL CONDITIONS AS A DIRECT RESULT OF ARMED CONFLICT**

It is fitting those medical hold personnel who have "serious physical disabilities" or that are the "direct result of armed conflict have priority for housing and certain services. While the minimum housing standards are the same for all medical hold personnel, DoD has a special obligation to provide the best for seriously Wounded Warriors. Examples where priority should be considered include: housing waiting lists, furnishings and electronic equipment, parking spaces, time to respond to maintenance requests, etc. Furthermore, the housing status of these seriously Wounded Warriors should be monitored at the Service HQ level.

### **5. RESPONSIBILITIES**

The chain of command shall be responsible, in consultation with the patient and the patient's medical support team and case managers, to validate that every MH member is adequately housed in accordance with these standards. Before a MH member is

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assigned/referred to housing (e.g., before transitioning from inpatient to outpatient status), the case manager shall provide consultation to the chain of command to ensure that the intended patient housing meets any special medical needs. If an assigned/referred housing unit for a member does not meet all the applicable standards in this document, the installation or garrison commander shall document the reasons why the standards were not met (authority can be delegated), and the respective Military Service headquarters must be notified no later than one week after the MH member takes occupancy.

1 - For purposes of this provision, "serious physical disability" means: (a) any physiological disorder or condition or anatomical loss affecting one or more body systems which has lasted, or with reasonable certainty is expected to last, for a minimum period of 12 contiguous months, and which precludes the person with the disorder, condition or anatomical loss from unaided performance of at least one of the following major life activities: breathing, cognition, hearing, seeing, and age appropriate ability essential to bathing, dressing, eating, grooming, speaking, stair use, toilet use, transferring, and walking; or (b) serious psychological disabilities, such as post-traumatic stress disorder. (This definition is based primarily on 32 C.F.R. 199.2, the regulations for the CHAMPUS/TRICARE program.)

2 - For purposes of this provision, "direct result of armed conflict" means there was a definite causal relationship between the armed conflict and the resulting unfitting disability. The fact that a member may have incurred a disability during a period of war or in an area of armed conflict or while participating in combat operations is not sufficient to support this finding. Armed conflict includes a war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerrilla action, riot, or any other action in which service members are engaged with a hostile or belligerent nation, faction, force, or terrorists. Armed conflict may also include such situations as incidents involving a member while interned as a prisoner of war or while detained against his or her will in custody of a hostile or belligerent force or while escaping or attempting to escape from such confinement, prisoner of war, or detained status. (This definition is based on DoDI 1332.38, Physical Disability Evaluation, paragraphs E3.P5.2.2.1 and E3.Pfi.1.2.)

## **6. ASSIGNMENT**

As a general rule, unless dictated otherwise by special medical requirements, MH personnel shall be assigned/referred to housing that exceeds or meets the applicable quality standards and that: (a) is appropriate for their expected duration of their treatment, (b) supports a non-medical attendant, if authorized, (c) supports accompaniment by their dependents when desired and not incompatible with their treatment, and (d) is appropriate for their pay grade (e.g., configuration and size). Note that from a housing assignment/referral perspective, an authorized non-medical attendant shall be treated like a dependant, e.g., if no other acceptable accommodations are available, a single MH member with an authorized non-medical attendant shall be eligible for temporary assignment to family housing. For example, MH

[REDACTED]

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personnel (whether single or married) with an authorized non-medical attendant and facing a long rehabilitation period should not be housed in a one-room lodging unit, but instead be provided with a lodging unit with a minimum of two bedrooms with a kitchen and living room (e.g., PCS lodging), or family housing (DoD-owned or privatized). When eligible for DoD-owned housing, MH personnel shall be included as part of "Priority I", as defined by DoDD 4165.63M, DoD Housing Management Manual. This referral priority should also apply to privatized or long-term leased (e.g., section 801) housing or lodging provided the referral is consistent with the privatized project's operating agreement. If appropriate housing is not available on the installation on which the member is receiving care, or at nearby military installations, and the service member does not reside in a privately-owned or rented home, MH personnel should be housed off the installation in private sector accommodations that are appropriate for their expected duration of treatment, dependency status (at their treatment location), and pay grade unless dictated otherwise by special medical requirements.

## **7. BASELINE STANDARDS**

### **Condition**

All MH personnel housing must be in good overall condition with no major problems with any of the building systems, i.e., all are working properly and not at risk of imminent failure or malfunction. Building systems include but are not limited to roof, exterior walls, foundation, doors and windows, interior finishes, plumbing, lighting, electrical, life and fire safety, and heating-ventilating-and air-conditioning (HVAC). It is important that MH personnel be able to adequately control the temperature in their housing units. There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental/safety/ health hazard.

### **Kitchens**

Kitchens are an important quality of life feature for MH personnel who face long rehabilitation periods, especially those with authorized non-medical attendants. Accordingly, kitchens shall be provided that exceed or meet existing applicable standards for the type of accommodations provided (unaccompanied housing, lodging, or family housing).

### **Laundry Facilities**

Laundry facilities shall be provided as defined by the type of housing (unaccompanied personnel housing, lodging, or family housing), or as applicable based on medical condition. If an assigned/referred housing unit only has laundry equipment hook-ups, a residential-quality clothes washer and a dryer should be provided as loaned furnishings.

### **Furnishings**

Provide loaned furnishings as appropriate.

### **Electronic Equipment**

[REDACTED]

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Generally, a television with cable/satellite service, internet service, and a telephone with local service shall be provided in each MH member's housing unit. If a MH member is unable to bring their personal electronic equipment to their assigned/referred housing, and they face a long rehabilitation period, efforts should be made to provide additional electronic devices such as a VCR/DVD player, stereo, computer with printer, and video game player. If the internet service is hard-wired, consideration should also be given to providing WIFI and a laptop computer.

#### Housekeeping and Pest Management

MH personnel housing shall be kept free of pests and litter, and trash containers shall be emptied on an appropriate cycle.

#### Landscaping, Grounds Maintenance, and Parking

Parking areas, turf, and grounds shall be well-maintained, attractive and litter-free. The number of parking spaces shall be adequate to support expected occupancy. Snow and ice shall be removed promptly from walkways and parking areas to ensure safety and prevent injuries.

#### Physical Security

MH member accommodations shall be provided with appropriate physical security measures, including required lighting levels inside and outside (parking and walkways).

#### Building Maintenance and Housekeeping Requests

An effective preventative maintenance program shall be in place for MH personnel housing. Also, installations shall have a mechanism where MH personnel can request building maintenance and housekeeping services.

### **8. SPECIAL MEDICAL REQUIREMENTS**

Many MH members will have certain medical conditions that result in various functional limitations. For these members, it is essential that special accommodations and services be provided as an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Some of these limitations will be permanent, but many others will change during recovery and rehabilitation, which may eliminate the need for certain special accommodations or services.

#### Accessibility

For members who have accessibility requirements, accommodations must, at a minimum, comply with the most current standards issued by the Department of Defense under the Architectural Barriers Act of 1968, as amended. Note that accessibility also applies to the route and distance (e.g., walkways, ramps, parking) that a MH member must travel from their housing accommodations to reach their medical treatment center, dining facility, or other support services. For all other MH member accommodations, consideration should be given to incorporating "universal design" principles (e.g., lever type door handles in lieu of knobs).

### Cognition

When required, MH member accommodations shall address the range of cognitive limitations that result from conditions such as Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD), and stroke. For example, sometimes complex geometric patterns on rugs, linens, or flooring can cause disorientation in these patients. Flooring and carpet with a subtle texture or pattern often helps with depth perception.

### Visual and Auditory

Necessary features for visually and auditorily impaired MH personnel shall be provided in accordance with the DoD standards.

### Burns

MH personnel recovering from serious burns or nerve/neurological injuries are very sensitive to hot water, so consideration shall be given to installing special devices to regulate the water temperature.

### Other Physical Limitations

Standard accessibility guidelines generally are adequate for ambulatory impaired MH personnel except in special cases such as when they are in a wheelchair with one or both legs in an extended position. In this case, normal wheelchair clearances and turning circles may be inadequate. Even with the loss of both legs, MH personnel can be fully ambulatory with their prostheses, but still need accessible accommodations when they are in a wheelchair (such as when they have to use the bathroom at night). For physically impaired MH personnel, bathrooms are the major source of concern. Suggestions for improvement include doors that open to the outside, additional clearance for wheelchairs, and longer hoses on shower nozzles. For MH personnel with loss of or injury to arms and hands, accommodations shall be provided with either a bidet bowl or an electrically powered 'add-on bidet' that replaces a normal toilet seat to rinse the peritoneal area.

### Housekeeping

If a MH member without a non-medical attendant would have difficulty with basic housekeeping, it may be necessary to assign them to housing where these services are included with the accommodations, such as lodging, or to provide the required services for their housing unit such as by contract. Provide disposal of bio-hazard waste as required.

### Laundry Services and Equipment

Special laundry service may also have to be provided for MH personnel who have a medical condition that requires their linens, towels, and clothing to be disinfected. In accessible units with a laundry, the clothes washer and dryer should be accessible from a wheelchair.

### Kitchens and Food service

For certain medical conditions, a kitchen or kitchenette may be prescribed, either in the unit or located within the same building. On the other hand, there could be special

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dietary requirements that would be most effectively handled by a hospital or installation dining facility. Note that ranges and cook tops in accessible units shall have control knobs on the front for easy wheelchair access.

#### Furnishings

Accessible rooms need to have accessible furnishings, such as computer desks and higher beds.

#### Parking

MH personnel with mobility impairments shall have first priority in assignment and use of all parking spaces under the control of the facility, beginning with those spaces closest to the entrances and exits used by MH personnel. The next level of priority shall be extended to individuals who transport MH personnel with these types of disabilities. If possible, spaces shall be provided for pickup and drop-off in addition to daily and overnight use. The number of spaces shall be adequate to support the expected occupancy, including the required number of accessible spaces. Additional spaces shall be provided on an expedited basis to meet unforeseen needs.

#### Proximity to Outpatient Treatment Center and Other Services

MH personnel may require housing in close proximity to a medical treatment facility for reasons related to their disabilities or medical conditions. For example, there may be a substantial risk of unanticipated urgent medical situations that require prompt attention by caregivers, or the frequency and duration of routine medical treatment may dictate the need for housing nearby. Transportation must be provided for MH personnel who do not have their own means of transport (e.g., transportation by a non-medical attendant with a POV) and who are not housed adjacent to their outpatient medical treatment facilities (whether on or off the installation). This transportation must be adequate to ensure timely access to treatment, dining facilities, and other important support facilities such as exchanges and commissaries.

### **9. INSPECTIONS**

The Military Services shall conduct periodic inspections of MH personnel housing in accordance with these standards, at least on an annual basis. Inspections of privatized housing and lodging containing MH personnel shall be accomplished only with prior coordination with the project partner or owner. In the event a deficiency is identified, the commander of such facility shall submit to the Secretary of the Military Department a detailed plan to correct the deficiency; and the commander shall re-inspect such facility not less often than once every 180 days until the deficiency is corrected.

### **10. FEEDBACK AND UPDATES**

The Military Services shall implement periodic and comprehensive follow-up programs using surveys, one-on-one interviews, focus groups, and town-hall meetings to learn how to improve MH personnel housing and related amenities/services. Such feedback should be solicited from the MH members, their families and friends, care-givers, chain of command, and housing owners/operators. Summaries of the feedback with resulting



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changes should be provided on a periodic basis to OSD, in conjunction with any other reporting requirements.

#### 11. **IMPLEMENTATION**

The Military Departments have the authority to issue supplemental instructions to provide for unique requirements within their respective organizations provided they conform to the basic policy guidance in this document.

**Appendix 3  
Reports**

Inspection reports were provided to the incumbent of the offices listed below, or their designated representatives, on the date indicated:

| Office                  | Date      |
|-------------------------|-----------|
| <b>Fort Drum, NY</b>    | 7 May 14  |
| WTB Commander           |           |
| Garrison Commander      |           |
|                         |           |
| <b>Fort Eustis, VA</b>  | 8 May 14  |
| WTU Commander           |           |
| MTF Commander           |           |
| Garrison Commander      |           |
|                         |           |
| <b>Fort Belvoir, VA</b> | 19 Jun 14 |
| WTB Commander           |           |
| Garrison Commander      |           |
|                         |           |
| <b>Fort Meade, MD</b>   | 23 Jun 14 |
| WTU Commander           |           |
| Garrison Commander      |           |
|                         |           |
| <b>Fort Knox, KY</b>    | 25 Jun 14 |
| WTB Commander           |           |
| MTF Commander           |           |
| Garrison Commander      |           |
|                         |           |
| <b>Fort Bragg, NC</b>   | 30 Jun 14 |
| WTB Commander           |           |
| MTF Commander           |           |
| Senior Commander        |           |

**Appendix 4  
Acronyms List**

|           |  |
|-----------|--|
| ABA       | Architectural Barriers Act                 |
| ADA       | American Disabilities Act                  |
| ALARACT   | All Army Activities                        |
| CFR       | Code of Federal Regulation                 |
| DEPSECDEF | Deputy Secretary of Defense                |
| DoD       | Department of Defense                      |
| DPW       | Directorate of Public Works                |
| FOUO      | For Official Use Only                      |
| GFCI      | Ground Fault Circuit Interrupter           |
| HVAC      | Heating, Ventilation, and Air Conditioning |
| IAW       | In accordance with                         |
| IG        | Inspector General                          |
| IMCOM     | Installation Management Command            |
| MEDCOM    | US Army Medical Command                    |
| MH        | Medical Hold                               |
| MTF       | Military Treatment Facility                |
| NRMC      | Northern Regional Medical Command          |
| PTSD      | Post-Traumatic Stress Disorder             |
| RMC       | Regional Medical Command                   |
| SII       | Special Interest Item                      |
| SME       | Subject Matter Expert                      |
| SOP       | Standard Operating Procedures              |
| ST        | Soldier in Transition                      |
| TBI       | Traumatic Brain Injury                     |
| UPH       | Unaccompanied Personnel Housing            |
| USA       | United States Army                         |
| WT        | Warrior in Transition                      |
| WTB       | Warrior Transition Battalion               |
| WTO       | Warrior Transition Office                  |
| WTU       | Warriors Transition Unit                   |

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## **Appendix 5 References**

28 CFR, Part 36, ADA Standards for Accessible Design

ALARACT 162/2008, 3 July 2008, Subject: Inspection of Armed Forces Facilities Used to House Recovering Service Members Assigned to Army Warrior Transition Units

ALARACT 295/2008, 9 December 2008, Subject: MOD 1 to ALARACT 162/2008

Army Regulation 420-1, Army Facilities Management, 12 February 2008

Army Regulation 385-10, The Army Safety Program, 23 August 2007

DA Pam 420-1-1, Housing Management, 2 April 2009

Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel

National Defense Authorization Act (NDAA), Public Law 110-181, Sec 1662, 28 January 2008, Subject: Access of Recovering Service Members to Adequate Outpatient Residential Facilities